

Report of suspected or confirmed case of COVID-19

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| Child’s Name: |  |
| Address: |  |
| Parent/Carer name: |  |
| Telephone number: |  |
| Date of onset of symptoms: |  |
| Date test booked: |  |
| Date tested: |  |
| Test outcome: |  |
| Names of children/adults that symptomatic child has been in contact with at nursery |  |
| Advice given by PH / LBE |  |
| Actions taken |  |